

to have been partly cooked. Even in a fully conscious patient the pain of a burn quickly passes away after the full thickness of the skin has been destroyed. If the burning agent remains after the pain has disappeared a very serious burn can result.

These facts leave no doubt that deliberate warming of patients should be completely abandoned and that reliance should be placed upon reducing loss of heat by careful wrapping in blankets; even in the freezing conditions of the Italian campaign during the war this was found adequate. The old campaigner's advice about having as many blankets under the patient as over is particularly important in this connexion.—I am, etc.,

Birmingham, 15.

P. S. LONDON.

REFERENCE

- ¹ Sheehan, H. L., *Lancet*, 1948, 1, 1.

Castration of Sex Offenders

SIR,—It is an axiom of moral philosophy that the moral law must be supreme. Expressed more explicitly, this means that if an action is condemned by the moral law then no reasoning, medical, sociological, or scientific, can justify that action.

A few years ago the Church of England Moral Welfare Council issued a booklet on sterilization,¹ in which it stated there appear to be no circumstances in which it would be legitimate for the State to exercise the right of punitive sterilization. The reasoning behind this statement is fully set out in the booklet. It further pointed out that as regards therapeutic sterilization properly so-called (to be distinguished from operations necessary to the welfare of the body as a whole which involve sterilization as an indirect effect—for example, hysterectomy), the rule is that an operation is only morally justified when it is the only means of securing the welfare of the body as a whole. In the cases quoted from the Danish experience, vasectomy or castration were not the only means of treating the delinquents.

As far as practising Anglicans are concerned, procedures such as the Danish castration one you commented on in your leading article (*Journal*, April 9, p. 897) can be of only academic interest.—I am, etc.,

Bath.

J. H. WHITTLES.

REFERENCE

- ¹ *Human Sterilization*. 1951, Church of England Moral Welfare Council, London.

A Simple Method of Performing Bronchography

SIR,—Standard methods of bronchography are apt to cause great discomfort to the nervous patient, and the following method, dispensing almost entirely with local analgesia, has been carried out at the London Chest Hospital, Country Branch, in the past few months on a series of adults with excellent results. If the patients are producing copious sputum postural drainage is instituted under the guidance of a physiotherapist for several days prior to the investigation. As most of the patients have been tuberculous, with upper lobe bronchiectasis and little sputum, this has seldom been required. It has not been found necessary to provide antibiotic cover—for example, penicillin—and sensitivity tests have been discarded, as there is no release of iodine or iodides from the opaque medium used. Methylpentynol, two 250-mg. capsules, and atropine, 1/100 gr. (0.65 mg.), are given half an hour in advance, and have been satisfactory as a premedication.

The method of endotracheal intubation is used with the patient sitting up, and a Jacques No. 9 E.G. rubber catheter, smeared with 2% lignocaine ointment, is inserted into the right or left nostril according to patency. When it reaches the level of the posterior nares the patient is asked to put out his tongue, which is covered with a gauze swab. He is then instructed to pull his tongue forwards and downwards with either hand, and at the same time to protrude his chin forwards and slightly upwards. The catheter is slowly pushed onwards and the tip drops naturally into the larynx and trachea, causing a momentary tendency to cough, which soon passes. The basal and apical lower segments are filled by injecting 4–6 ml. of "dionosil oily" into the tube, after shaking the bottle, with the patient sitting up and leaning

backwards and to the side to be filled, and with the shoulders rotated towards the same side. The middle or lingular segments are filled with a further 3–5 ml. while the patient bends forward and to the side to be filled, with the opposite shoulder raised and tilted forwards. The upper lobe is filled with the patient lying on his side with the head supported on two pillows to prevent the medium from running backwards up the trachea, using another 6 ml. Each of these three positions is maintained for one minute. X-ray films are then taken in full inspiration with the patient recumbent in the lateral or oblique and antero-posterior positions. It has been customary with tuberculous patients only to carry out bronchograms on one side at a time.

It will be noted that no local analgesic, apart from the 2% lignocaine ointment smeared on the catheter, is used throughout the investigation, the latter being used mainly for its lubricant value. This reduces the time factor so that it is possible to complete the bronchogram in an average time of 15 minutes, including developing the films. Toxic reactions to local analgesia are thus avoided, and the patient is able to eat his next meal without fear of food going "down the wrong way." Careful spraying of local analgesic into the back of the mouth and into the larynx has been found to be time-consuming and completely unnecessary. Indeed, it provokes coughing and laryngeal spasm so that it may not be possible to pass the tube beyond the patient's cords at all, and adds considerably to his discomfort. With this method laryngeal irritation is avoided and the tube slips easily into the trachea in a matter of seconds. Also it is of such a diameter that it is unlikely to be coughed up.

Patients subjected to this method of bronchography, and who have had bronchograms by other methods, have all been impressed by the small amount of discomfort caused and by the speed of the investigation. I would like to thank Mr. L. H. Porter, Chief Radiographer at the London Chest Hospital, Country Branch, Arlesley, Beds, for his co-operation with me in this work.—I am, etc.,

Frimley, Hants.

JOHN C. BARKER.

Recovery from Chronic Lymphocytic Leukaemia

SIR,—May I add another case of 10-year recovery from lymphocytic leukaemia to those noted by Dr. Max Schott (*Journal*, April 9, p. 877)? In 1933 I was asked to see a well-known American aged 73 who was suffering from a mild attack of bronchitis. After a few days his general condition deteriorated and I noticed a few enlarged lymph nodes in various parts of his body. A blood count showed a typical lymphatic leukaemia. I told his wife—a former nurse—that he was suffering from something more serious than bronchitis. She replied: "Oh, has his leukaemia come back?" She then told me that her husband had been desperately ill for many weeks in 1923 with leukaemia, and indeed had been ill for some six months before making a complete recovery. He was very ill for some weeks, under my care, but finally insisted on making the attempt to return home. He died at sea. On her return home his widow sent me the report on his 1923 illness, by Dr. Gutmann,¹ of New Brunswick.—I am, etc.,

Buxton.

F. A. BEARN.

REFERENCE

- ¹ Gutmann, B., *Amer. J. med. Sci.*, 1924, 167, 718.

Tropical Pulmonary Eosinophilia

SIR,—I have read Dr. James A. McFadzean's account (*Journal*, March 26, p. 771) with great interest, and wish to record my findings during 1943–4 at the Indian Military Hospital, Bangalore. During that period five cases of pulmonary eosinophilia were diagnosed and confirmed by the Army medical specialist. The signs and symptoms were as those described by Dr. McFadzean, and the x-ray findings in all cases were similar. The lungs showed a general woolly appearance, in fact one would mistake the x-ray for pulmonary tuberculosis. Treatment in those days was with N.A.B. and the response was very satisfactory, the whole condition clearing in about 12 weeks.

Two of the above cases were invalidated from the Army, even though they showed great improvement, but psychological and malingering elements predominated, hence the reason for invaliding from the Army. The N.A.B. treatment was started at that time, as we had very good results